



# Millfield Care Home

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# Millfield

# Enter and View Report

# July 2019

**healthwatch**  
Rochdale

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# Introduction

## About Healthwatch Rochdale

Healthwatch Rochdale is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumer's views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence health and social care services under the Health and Social Care Act 2012.

Healthwatch Rochdale listen to the views and opinions of local people concerning health and social care services such as hospitals, GPs, care homes and pharmacies. These views and experiences are used to improve the way services are designed and delivered.

Healthwatch Rochdale has statutory powers to enable visits to be undertaken at publicly funded health or social care premises, these visits are called 'Enter and View'. Enter and View visits are undertaken when Healthwatch Rochdale wishes to address an issue of specific interest or concern, but equally they can occur when an organisation has a good reputation. Enter and View visits allow fully trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and to obtain the views of the people using those services.

Our Enter and View policy is available to view at [www.healthwatchrochdale.org.uk](http://www.healthwatchrochdale.org.uk)

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at [http://www.legislation.gov.uk/uksi/2013/351/pdfs/ukxi\\_20130351\\_en.pdf](http://www.legislation.gov.uk/uksi/2013/351/pdfs/ukxi_20130351_en.pdf)

## Acknowledgements

Healthwatch Rochdale would like to thank Millfield Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

## Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and staff and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

## Enter and View Visit Information

Service address	Millfield Care Home, Bury New Road, Heywood, OL10 4RQ
Service Provider	Qualia Care LTD
Type of service	Care Home with nursing - Privately Owned , Registered for a maximum of 92 Service Users
Date and time of Enter and View visit	Tuesday 23 <sup>rd</sup> July 11.00am - 2.00pm
Authorised Enter and View Representatives	Claire Birch, Jane Jackson Karen Kelland, Dave Logan & Elizabeth Williamson

## Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. The CQC publish their findings, including performance ratings to help people choose care. At the time of the Enter and View visit Millfield Care Home was rated as good by the CQC. To read the inspection report please visit <https://www.cqc.org.uk/location/1-4162409508>

# Visit Background & Purpose

## Background

Healthwatch Rochdale visited Millfield Care Home on Tuesday 23<sup>rd</sup> July 2019 at 11.00am - 2.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The home was notified of our visit in advance during a pre-visit meeting with the manager. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

In 2018/19 visits were based on eight care quality indicators developed by Independent Age. For the 2019/20 programme of visits, Healthwatch Rochdale decided to include a ninth indicator which focuses on the environment to enable better reporting in this area.

The indicators are:

- Have strong, visible management
- Have staff with the time and skills to do their job
- Have good knowledge of each individual resident and how their needs may be changing
- Offer a varied programme of activities
- Offer quality, choice and flexibility around food and mealtimes
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
- Accommodate residents personal, cultural and lifestyle needs
- Be an open environment where feedback is actively sought and used

- Provide a physical environment which is suitable for the needs of the residents

## Methodology

This was an announced visit within a two-week time frame and therefore Millfield management and staff were expecting us. Enter and View representatives on this visit were:

- Claire Birch
- Jane Jackson
- Karen Kelland
- Dave Logan
- Elizabeth Williamson

We were greeted on arrival by the manager and our questionnaires and observations were conducted based on the nine care quality indicators. On the visit we spoke to:

- The manager
- Three staff members
- Four residents
- Three family members

The home consists of four different units of which we observed three, Wham Bar, Hopwood and Summit. After the visit was completed the manager was informed that a report with recommendations will be written and shared with the provider. An opportunity for the provider to comment on the recommendations will be given.

## Results of visit

### A good care home should have

#### 1. Strong and visible management

The manager told us that she had “qualified as a nurse and worked in the NHS” and has been the “manger in the home for fourteen months”. The manager told us that she sees her role as a “mission to make a difference to people’s lives” and that she enjoys the “interaction with residents” and “making a difference - especially at the end of life”. The manager has a “motto of treat everyone as I would want to be treated”.

All three staff members we spoke with told us that they felt supported by the manager with staff members telling us that they received “a lot of support” and get “support and encouragement from the manager” and that if they have a personal or work issue they can “approach the manager” who is “professional and patient”. One staff member told us they feel that the “manager works hard to run the home as well as possible within constraints” and a second staff member said the manager “regularly visits care areas and chats with staff and residents”.

Two residents we spoke with told us they knew who the manager of the home was saying “yes it’s Jane”, “I see her occasionally and she chats to me when passing” and “I like her,



her door is always open and you can go and have a chat". A third said "no I don't but I would like to know", however when told it was a lady called Jane, they replied "oh yes I know her she has an office in the corner, she is very good". A fourth resident said they did not know who the manager was.

One family member we spoke with said they knew who the manager of the home was and that she was "very" friendly and helpful. Two other family members didn't know who the manager was.

## **2. Have staff with time and skills to do their job**

The manager told us that the home teaches new staff members by having "experienced staff to shadow" and that new staff have an "induction week" and "mandatory training". The manager said that they "work closely with Springhill Hospice" and provide training on "palliative care and end of life and oral health training". The home also provides training on "tissue viability and "e-learning". The manager said the home is "staffed well" and they "will always try to cover sickness". The manager told us the home "will only use two agencies for carers" and "use nurses on a self-employed basis rather than agency".

One staff member told us that "overall yes" they feel they have enough time to care for residents and "have time to dance and chat to residents" and "spend time doing (resident's) hair and nails". A second staff member said it "depends on resident's needs" but they feel "an additional member of staff would allow more time with residents" as there would be somebody extra "to watch the lounge and corridor" and a third staff member said the home "need more staff" as "some residents need one to one but the package of care doesn't provide funds".

Staff members told us that they felt encouraged to develop their skills and there is a "training programme" and if a staff member identifies "own training needs (then) the manager advises how to get the training". Staff members told us they had carried out training in "dementia, infection control, moving & handling, safeguarding, food hygiene, fire and safety and challenging behaviour". Two staff members said they had not yet received any training in "DoLS" (Deprivation of Liberty Safeguards).

All three staff members told us that they enjoyed their job with one staff member saying they "enjoy caring for people" and like the "teamwork and environment" in the home as "everyone is treated the same and equally". A second staff member said they "love meeting new people and hearing their stories and seeing different characters" and they "like working with other staff members", the "work environment and feel of the place". A third staff member said they like "helping vulnerable people" and "assisting people to do things themselves", helping "to maintain their independence" and "making a difference".

All four residents we spoke with said they thought the staff were good telling us "they are alright mostly. I like winding them up" and "they are all pretty good, they are very caring and treat me with the greatest respect". All four residents thought staff members had enough time to chat to them saying "they talk and work", "they are always busy but I get to talk to them enough" and "if I ask them (to chat) they will do so willingly".

Two family members we spoke with confirmed that they felt that staff have the time and skills to care for residents but a third family member said, "the laundry is abysmal as there is difficulty in sorting clothes and many get lost in spite of markings".

### 3. Have good knowledge of each individual resident and how their needs may be changing

The manager told us that there is a “family visit prior to admission” and an “assessment of the resident” using a “very comprehensive assessment form” which then “develops the care plan”. The manager said the “front of the care plan is personal and the reverse of the plan details how staff can assist residents to be as independent as possible”.

The manager told us that she and a “deputy have a walk around each morning” and there is also an “11am meeting” where any issues can be discussed. The manager also said that there is a “handover sheet for day and night staff” and that she believes “communication is key”.

Staff members told us that they get to know a resident through the “care plan” and some residents “bring a life book”. Staff members said that there are “daily records” and that “care plans are updated accordingly”. One staff member said they had a good knowledge of a resident through “getting to know the individual” and a second staff member said they get to know residents through “asking questions”.

One resident told us that “mostly yes” staff knew their needs, likes and dislikes and “if they didn’t, they would soon get told”. A second resident told us “I think they have an idea” and a third said “I don’t think they have the time, but I am guessing, I don’t know”.

Two family members spoken with felt that the home noticed and responded when their relative’s needs changed with one family member saying, “yes they let me know personally” and “yes they contact us as relatives”.

On our visit we observed a staff member reading out birthday cards to a resident and an 80<sup>th</sup> birthday banner on their bedroom door. Bedroom doors all contained the occupying resident’s name and some bedroom doors had ‘please knock care in progress’ signs displayed to help residents maintain their dignity whilst receiving care.

### 4. Offer a varied programme of activities

The manager told us that the home has an “activities team” who offer a mixture of indoor activities which include “Millie’s tearoom” and a “hospitality room”. There is also “crafts in the activities room” and “painting”. The manager told us there is also a “gardening club”, “men’s club”, “armchair keep fit” and “bingo, cards and dominoes”. The manager said the home also offers a “hairdressing” service, “pampering sessions” and “aromatherapy”. For activities outside the manager said residents go to “the local park”, “the local pub” and some residents went to the “1940s day in Heywood”. The manager said that they have had a “sports day” and have “theme nights” and are “planning to go ten pin bowling”. The manager told us that if residents “don’t want to do group activities” they will provide “one to one activities” and that activities are chosen by “finding out what (residents) interests are”. The home also has “chickens”, “pets as therapy” and “support family members to take residents out”.

Staff members said that they had “two activity team members” and a “weekly activity chart for morning and afternoon each day”. One staff member said that there is an “activity co-ordinator 2-3 times a week” but it “would be better if it was daily”. A second staff member said that there is a “list from care plans of likes” and activities are “planned

accordingly” from hobbies. Staff members told us that activities included “nail painting”, “sports day”, “trips to the pub for younger residents”, “trips to the market and shops”, “tearoom”, “chippy teas” and “organised trips out”. The home also has chickens and residents are able to “go out with family”. One staff member told us the home are “looking to start visits by children”.

One resident said that “activities in here are zilch. I don’t play bingo” and a second said “not so much (activities) for me. It’s not my scene in here, I like to go out. I will be happier when I get my ring & ride sorted”. A third resident said there are “one or two” activities but they would like to go “dancing” and a fourth resident said they “would like to go to the swimming baths and have a swim. I would like someone to take me swimming”. Resident’s told us that they can go into the garden saying, “I go into the garden occasionally” and “I go into the garden sometimes”.

One family member told us that the activities available in the home were “adequate” and a second said there was “quite a lot available” a third family member told us that activities “are good but there could be a few more” and they would like to see “more outside entertainers coming into the home”.

On our visit we observed a separate hairdressing salon near the main reception and Millie’s tearoom upstairs with a sign saying open daily 11am - 12pm, however it did not seem to be open on the day of our visit. An activities schedule was displayed both downstairs and upstairs which included board games, men’s working club, gardening club, ladies club, baking club, games, bingo, massage, reading club, knitting club, arts & crafts, Millie’s tearoom, shopping trip and one to ones. There was a separate smoking-room downstairs and outside we observed the chicken coop in a well-maintained garden with plants and colourful flowers. The garden furniture was painted in bright, dementia friendly colours.

## **5. Offer quality, choice and flexibility around food and mealtimes**

The manager told us that “95% of food is home cooked” and that there is a “two week rolling programme for the menu”. The manager said that the menu is “seasonal” and that there is a “choice of food” and “light bites” with a “slightly different menu for younger residents”. The home serves “hot and cold drinks at every meal and between meals” and a “milky drink before bed” with “staff available to help and serve meals and assist with feeding if necessary”. The manager said that the home doesn’t have a permanent drink station but that drinks are “always available at the nurse’s station or in rooms” and that there is a “kitchen on each floor”.

Staff members told us that residents get “two choices at lunch and dinner” and that “breakfast is cereal or cooked”. One staff member told us that “residents are asked preferences for the menu” and a second said “sometimes some residents don’t want any of the choices but (staff) try to give alternatives”. Staff members told us that mealtimes were “flexible” and “some eat in their rooms”. One staff member said that “residents can go to the cupboard for biscuits if they are mobile” and a second staff member said “if (resident) requires snacks they have to ask staff” as the home “don’t encourage going into the kitchen”. Two staff members told us that residents are “encouraged to eat at the table” with a “carer sitting at the table to encourage talking and give help if needed”.

Residents told us that they would like a bit more variety on the menu with one resident telling us the food is “not brilliant. It’s great in winter but still the same in summer, it’s stodge”. A second resident said the “food is alright, but it is the same thing all the time. I

would like a bit more variety” and a third said its always “quiche or jacket potato” and “(I am) not into jelly and custard” adding “there is not enough choice. I have been told to eat healthier, so the chef needs to cook healthier”.

Two family members we spoke with felt that the food was “quite good” and a third felt the food was “adequate”. All three family members felt confident that their relative is supported to eat and drink as much as needed and two family members confirmed they were able to stay and eat with their relative if they wanted to.

On the day of our visit lunch was a choice of soup, sandwiches or jacket potato with the choice of fillings being cheese or coleslaw, however one resident chose to have cheese on toast. We observed cold and warm drinks being offered to residents and those who chose not to eat in the dining room had their meals brought to their bedrooms. Dining tables had napkins and flowers and crockery was a brightly coloured red. Lunch seemed to be a quiet, low key occasion with residents enjoying their food. We observed staff members encouraging residents to eat and telling them to make sure they drink enough.

## **6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**

The manager told us that an “optometry company comes in regularly” and “provides spectacles” but “dental care is a bit more difficult across Heywood, Middleton and Rochdale” but “residents can keep their own dentist” and “acute problems can be referred to the NHS”.

Two staff members said that residents had “regular dental visits “and “optician visits” with one staff member saying they have done a “dental hygiene course”.

Three residents confirmed they had seen an optician but had not seen a dentist. A fourth resident told us “I have just seen the dentist; I went to see my own”.

When asked if a dentist or optometrist comes to see your relative regularly one family member told us “only if there is a problem” and a second said “regular visits are made”, a third family member said visits are “arranged by us (relatives)”

## **7. Accommodate residents personal, cultural and lifestyle needs**

The manager told us “there is a whole section in the care plan” about personal, cultural and lifestyle needs and that “halal food as well as other cultural dietary needs” can be provided. The manager said that on a Sunday the “local vicar and a lay preacher come in” to “conduct a service or to give communion to residents”. The manager told us that a “hairdresser comes in weekly” and that residents are “encouraged to choose what to wear daily”.

One staff member told us that there are “visits from the church to conduct communion every Sunday” and a second staff member said that a “resident is taken by family to a church event every Thursday”. Two staff members said that the home has a hairdresser “weekly every Monday” or resident’s “own hairdresser visits”.



One resident told us that they are a “catholic and I would like to go to church. Somebody comes in to do communion, but I have not been yet”. Three residents felt they had no religious or cultural needs. One resident told us that the laundry is brilliant saying “they are washed, ironed and back in the wardrobe the next day” and a second said “all my clothes come back, but socks do go missing”.

Family members felt that their resident had no specific lifestyle, religious or cultural needs

On our visit we observed that residents appeared well groomed and clean with neat, combed hair.

## **8. Be an open environment where feedback is actively sought and used**

The manager told us that she has an “open door policy” and a “residents and relatives meeting” as well as a “suggestions box”. The home also has a “you said we did board” and are “about to start a newsletter”. Staff are also able to give feedback at “team meetings” and the “11am daily meeting”.

Staff members told us that residents and their family/friends can have a say in how the home is run through “relative’s meetings” and “asking how any improvements could help”. One staff member told us there was a “suggestions box on the reception desk” and “families talk (to carers) and if there was an issue (the carer) would tell the manager”. An example was provided of a family who “didn’t feel (resident) was happy in a unit and so was moved to another”.

Staff members said they can have a say in how the home is run through “daily meetings where we discuss residents, staff issues and how to improve service”. A second staff member told us that “if staff have an idea it is encouraged” for example the carer “wanted to use bubbles with residents, which the manager encouraged and provided petty cash”.

Residents told us that if they wanted to make a complaint they would “soon find out what to do”, “I’d go and see the manager” and “I know the protocol”. When asked if there was anything they would like to change about the home one resident said “the agency staff, they barely speak English and have done no manual handling training”, a second said they would like “a change of diet” and a third said “the food could be improved”.

All three family members told us that they felt like a welcome participant in the home and are “encouraged to give feedback” and “give opinions and suggestions” saying they “would speak to the manager and staff” if they had a complaint about the home.

On the visit we saw that the home had a suggestions box in the reception area as well as a you said we did board. Notes from the last residents and family meeting were displayed on the notice board as well as actions to be implemented. From this we saw that residents had informed staff they would like more variety in their menu and gave suggestions for alternatives they would like to see on the menu.

## **9. Provide a physical environment which is suitable for the needs of the residents.**

The manager told us that the home has a “maintenance man who goes around on a regular basis” and that there is a “planned programme of checking each room before a new residents arrives”. The manger said that they are “replacing wooden window frames on a rolling programme” and are also “replacing showers”. The home has a “housekeeping team” who do a “daily clean in each room” and a “deep clean following infections”. There are also “carpet cleaners” and the “night staff have cleaning tasks to do”. The manager told us the home is made dementia friendly through the use of “colours” and that “all staff have had dementia training” and “challenging behaviour training” and the home does “life story work for each resident”.

Staff members told us that the home is made dementia friendly as “rooms have photographs of residents” on their bedroom door and a “memory box next to each door for relatives to leave memory items”. The home also provides “dementia training for staff” and “plastic plates and cups” with “coloured crockery” and the “toilet door is a different colour”. One staff member told us that they were “not sure if the coloured crockery is to denote the unit or if it is dementia helpful”. The staff member added that they “use music from bygone times” but have “no reminiscence room or box” but they do “intend to use dolls to interact with residents” and a second staff member said they “need to develop reminiscence more”.

All four residents felt that the home was clean and tidy telling us the home is “pretty good” and “remarkably clean” with another resident saying it was “reasonable but the cleaners don’t have enough time. It’s the same here as everywhere”. Two residents told us that the home is warm saying “I couldn’t live here if it was cold; I am warm enough” and “I am perfectly warm enough”. A third residents said “I am normally too warm. I have my windows open all the time and keep my radiator off”.

All three family members felt the home was well decorated and well maintained as well as always clean and tidy. All three family members felt the home was a comfortable temperature for residents with one family member adding, “but there is no air conditioning”.

On the day of our visit it was an extremely hot day and we observed that windows were open and there were a lot of fans in lounges, corridors and bedrooms to help residents keep cool. We saw that the home was clean and well maintained with a well-kept garden with tables and chairs for residents to sit outside.

## Recommendations

The findings in this report are based on nine care quality indicators and the Enter and View visit identified the following areas of improvement.

Following this visit we recommend:

Recommendation ID	Recommendation
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1	<p>Our findings evidenced that a staff member on the dementia unit was unsure if crockery was dementia friendly or denoted the unit it belonged to. Therefore, in accordance with indicator 2 'Have staff with time and skills to do their job' we recommend:</p> <p>"To review staff training to ensure it delivers fundamental knowledge on dementia friendly needs and requirements".</p>
2	<p>Our findings evidenced that there were some activities available in the home but that they could be expanded. Therefore, in accordance with indicator 4 'Offer a varied programme of activities' we recommend:</p> <p>A) "Developing reminiscence activities to stimulate memories for dementia patients" Look at <a href="https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/reminiscence.asp">https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/reminiscence.asp</a> for more information</p> <p>B) "Look at <a href="https://www.goldencarers.com/">https://www.goldencarers.com/</a> for additional ideas of activities that you can carry out with residents in the home".</p>
3	<p>Our findings evidenced that residents would like to see more variety in the food offered. This issue has previously been identified by the home through the residents meeting and alternatives have been suggested by residents. Therefore, in accordance with indicator 5 'Offer quality, choice and flexibility around mealtimes' we recommend:</p> <p>A) Begin to implement the suggested menu alternatives made by residents</p> <p>B) Continue to ask residents on a regular basis what food they would like to see on the menu in the future.</p>
4	<p>Based on practice observed in other care homes and in accordance with indicator 5 'Offer quality, choice and flexibility around mealtimes' we recommend:</p> <p>A) Providing a nutrition and hydration station with drinks, fruit and snacks to allow residents to drink and snack as they wish whilst maintaining their independence.</p> <p>B) To carrying out a risk assessment before implementing the hydration station to ensure that any residents who have difficulty eating or have special dietary requirements remain properly protected and cared for.</p>

It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to contact Healthwatch Rochdale direct if they wish to contribute any additional comments about the home or to this report.

# Response from Provider

Following the visit recommendations were made which included:

- **Developing reminiscence activities to stimulate memories for dementia patients**
  - *Staff are working with relatives and friends to create life story resources for each resident, this is in the form of personalised sections in their care plans, booklets to be kept in the resident's room and memory boxes that contain items and photos that are of significant importance. These resources are used to assist with conversation, promote a sense of self and emotional well-being and can also be used to distract and re-focus at times of distress.*
- **To begin to implement suggested menu alternatives made by residents at a resident's meeting**
  - *Chef and residents have met up and the residents have been involved in designing and planning the autumn menu, they worked with the chef to discuss meals they liked and wished to keep and made suggestions of foods they would like instead, Chef has already introduced a new favourite of braised steak which the residents have all enjoyed.*
- **Providing a nutrition and hydration station with drinks, fruit and snacks to allow residents to drink and snack as they wish whilst maintaining their independence**
  - *Snacks and drinks are freely available at any time for residents and their relatives. There is a dedicated member of staff employed to take drinks and snacks on a trolley to residents in the home mid-morning and mid-afternoon. Unfortunately, due to food hygiene and infection control issues, we do not provide nutrition and hydration stations. These also would be dangerous as some residents are on special diets, have choking risks and require special diets and thickened fluids, it would be extremely dangerous if they were to help themselves, hence why staff provide snacks and fluids.*



# Contact us



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